Gift to Agency Report	•	A Public I	Docume	en tam p			GIFT TO	AGENCY REPORT	
1. Agency Name					Date Stan		Califori		
The Natural Resources Ag	ency						Form	<u> </u>	
Division, Department, or Reg	gion (if applicable)				APR 1.5	2010	For Offi	cial Use Only	
1416 Ninth Street	•	•						•	
Street Address			R	esources	Agency	of Cal	fornia		
Sacramento CA, 95818									
Area Code/Phone Number	E-mail				mendmen	t (explain in	comment sec	tion)	
916-653-5656	heather.baugh@resources.ca.gov				Data of Oxfolia d Ellinous				
Agency Contact (name and title)					Date of Original Filing:(month, day, year)				
Heather Baugh, Assistant	General Counsel				•				
2. Donor Name and Addre	ess								
☐ Individual			_ 🔀 Oth	ner Cent	er for En			d Renewable	
Last Name	First 1				4		ame 95814	4	
1100 11th Street, Suite 31	1	Sacramento City				Ca _.	Zip Code	+	
	- nublic and private		oka to adv	Ongo olog	n onorav	nolicy	·		
A joint partnership between				ance clea	ii eilei gy	policy		· · · · · · · · · · · · · · · · · · ·	
If applicable, identify the name				ceived by th	e donor fo	or this aif	-,, , , 		
n applicable, lucitary the harne	or odor oodroo diid ii	io amouni(o) con			.0 400. /	., 5,,,			
Name	\$	Amount	 		lame		\$	Amount	
		Amount	" "		amo			Amount	
3. Payment Information		00/00/0040	•		200 70				
Date and Amount of Payn	nent (other than travel)	t (other than travel) 03/22/2010 (month, day, year)		\$ 330.78 (Round to whole of					
				Riverside					
Travel Payment Information	On (Round to whole dollars)	Location o	f Travel _	Miverside					
3/22/2010-3/23/2010 g	0	330.78	œ	0	æ	0	©	330.78	
Date(s) of Travel	αnsportation Expenses	Lodging Expenses		l Expenses		er Expense		otal Expenses	
Provide a specific desc	ription of the nat	ure and use	of the pa	yment fo	or officia	al agen	cy busin	ess:	
·	whom the never	ont was used	l•¹	,					
Identify the officials for	whom the payme	ent was used							
Cooney	Sandy	Sandv		Depty. Secretary Comm			Resources Agency		
Last Name .		First Name		Title		Department/Division			
Last Name	First Name	First Name		Title	Title		Department/Division		
4. Verification								·····	
I have determined that it is in t	he interests of the age	ncv to accept thi	s aift and u	se it for the	official ag	ency bus	siness desc	ribed above.	
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Signature of Agency Head or Design	THE MATIC	Print Name		JU 202	Title	· NOTW	(m)	onth, day, year)	
Organizate of Agency Flead of Design						,	1/11	· · · · · · · · · · · · · · · · · · ·	
Comment: (Use this space or a	n attachment for any add	ditional information.	.)	•					
		<u> </u>		الم ما ما حدد	4 olfo (dell	ı.			
Mr. Cooney attended a syn	nposium on renewa	bie energy and	engaged	ın a deser	i Site Visi	L			